## CITY OF MCCOMB CITY, MISSISSIPPI DOCKET REQUEST

REQUESTOR'S NAME		
ADDRESS	SSTELEPHONE-H	
	TELEPHONE-W	
Please indicate below the board of	f commission docket you wish to place an iter	m on.
( ) Board of Mayor and Selection On the Wednesday prior to	etmenRequest should be submitted to the Ci the date of the next regular board meeting.	ty Clerk by 5:00 p.m.
( ) Civil Service Commission Secretary by 5:00 p.m. Fr	ervice Commission—Request should be submitted to the Civil Service Commission by 5:00 p.m. Friday prior to the date of the next regular commission meeting.	
( ) Planning Commission—R Secretary by 5:00 p.m. T	lanning Commission—Request should be submitted to the Planning Commission Secretary by 5:00 p.m. Tuesday prior to the date of the next regular commission meeting.	
( ) Other		
SUBJECT MATTER: (If more space is required, reverse side may be used.)		
Is there material you wish to be attached to the docket? YES ( )* NO ( )  * Sufficient copies for all board or commission members should accompany this request  *an 81/2 X 11 copy MUST accompany the request.  Do you wish to personally appear before the board or commission? YES ( ) NO ( )  How much time do you estimate you will need for your presentation?		
Requestor Signature:	Date:	
DO NOT WRITE BELO	W THIS LINEOFFICE USE ONLY	
	nn	
Received by: To be placed on Docket: YES ( If No. explain	DateT	
Docket Date:		1 No